

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
Fort Huachuca, Arizona 85613-7079

MEDDAC Memorandum
No. 10-13

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Organization and Function
CLINICAL QUALITY MANAGEMENT PLAN (CQMP)

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1. HISTORY. This issue publishes a revision of this publication.

2. PURPOSE. The CQMP is an umbrella program that links institutional activity through functional measurement of performance, with the goal of continuous improvement, through prioritized and informed decision-making. The management culture and standards are derived from the concept of total quality management (TQM) that emphasizes the commitment of leadership to a supportive organizational culture, with a program of Performance Improvement (PI). Essential program aspects include: corporate responsibility, collaborative implementation of improvement techniques, interdisciplinary and interdepartmental participation, primary focus on key processes of activity rather than on specific events, data and information support, education and ongoing evaluation of the effectiveness of improvement activities. The intent is the improvement of key functions, support services and thus outcomes.

3. REFERENCES.

3.1 AR 40-68, Clinical Quality Management.

*This memo supersedes MEDDAC Memo 10-13, 7 Aug 04

3.2 Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Comprehensive Accreditation Manual for Ambulatory Care (CAMAC), current edition.

3.3 MEDDAC Memo 15-1, Committee Structures.

4. SCOPE. The CQMP is applicable to all assigned staff, including contractors. The CQMP shall provide structured processes and forums that measure, analyze and improve all aspects of organizational performance and customer experience. This memorandum updates the policies, procedures, and responsibilities for the administration of PI at the MEDDAC. Under the premise of PI, patient care services will continuously be improved through ongoing monitoring and evaluating and process improvement in accordance with the JCAHO CAMAC, Department of the Army, and United States Army Medical Command guidance and directives. Improvement efforts are directed toward achievement of the facility's mission and vision while abiding by the Army's core principles. It is expected that these efforts will cause improvements in patient care outcomes throughout the health center.

5. QUALITY MANAGEMENT PLAN GOALS AND OBJECTIVES.

5.1 The RWBAHC CQMP is designed to achieve seven goals:

5.1.1 To identify and pursue opportunities for improving patient care.

5.1.2 Focus on systems/processes of care/service.

5.1.3 To provide a multidisciplinary approach for reviewing work processes within departments and services.

5.1.4 To identify and resolve problems that could lead to or cause less than optimal patient care or clinical outcomes.

5.1.5 Utilize data-driven decision-making.

5.1.6 Focus on customer needs and expectations.

5.1.7 To report findings, conclusions, recommendations, actions and the effectiveness of any action taken through the JCAHO Integration Committee (JIC) to the Executive Committee.

5.2 The RWBAHC CQMP objectives are designed to facilitate the realization of its overall goals and include, but are not limited to, the evaluation of:

5.2.1 Mandatory measures such as medication use, operative and other invasive procedures, use of blood and blood components (not used), restraints (not used), pain control, care or services provided to high-risk populations as appropriate to the care and services provided.

5.2.2 Focus on processes that are declared important to the organization.

5.2.3 Those instances where care provided was not indicated or which tend to produce problems for patients or staff (problem prone).

5.2.4 Medical, nursing, and ancillary clinical performance and competency.

5.2.5 The quality and appropriateness of diagnostic procedures including utilization of laboratory and radiology services.

5.2.6 The quality, content, and completeness of medical record entries as components of a legal document designed to facilitate continuity of care.

5.2.7 Patient satisfaction from the DoD Patient Satisfaction Survey (reported by Patient Advocate to the JIC).

5.2.8 High-risk processes that have either shown tendency toward complication or are suspect because of the nature of the process.

5.2.9 High volume or high cost procedures that can be improved, streamlined, or managed to both improve and avoid costs and ensure outcomes.

5.2.10 Cost-effectiveness of services delivered.

5.2.11 Any clinical indicators (sentinel events/trends of care/or high-risk areas) that are at significant variance with predetermined process variation.

5.2.12 Process performance through criteria based assessment, benchmarking, and review of other Performance Improvement/Risk Management information as required.

5.2.13 Actions taken for any identified opportunity to improve care and monitor the effectiveness of that action.

6. GENERAL.

6.1 MISSION STATEMENT. RWBAHC provides soldiers and enrolled beneficiaries with quality, compassionate, safe and accessible ambulatory health care.

6.2 VISION STATEMENT. RWBAHC will be a premier Army ambulatory health center; empower patients to manage their health needs through education, prevention, and wellness; train, sustain, and retain competent staff and leaders; and leverage technology and best business processes to improve health care.

6.3 CORE VALUES. The Department of Army Values of: Care, Competence, Respect, Honesty, and Dedication are our values, and are shared with our community. In addition we adopted the following values for our organizational guiding principles: Customer Focus, Integrity, Flexibility, Fiscal Responsibility, Organizational Success, Total Accountability, Personal Growth, and Teamwork.

7. ORGANIZATION/STRUCTURE/RESPONSIBILITIES. MEDDAC Memorandum 15-1 delineates authority, purpose, composition, and functions of standing committees and also provides meeting agenda and minutes formats. The Organizational Structure adopted at RWBAHC is designed to provide and maintain a departmental structure while working within functional services to provide quality health care. Additionally, we developed supporting activities in support of the delivery of care within the departmental functional services. The structure is a non-linear, collaborative organization that works in unison along multiple axis. The departments/divisions and Functional Area Assessment Teams (FAATs) will report to the JIC. The JIC will make recommendations and report to the Executive Committee.

7.1 The Executive Committee: The Executive Committee is responsible for ensuring the organization is moving towards its goals outlined in the Strategic Plan. The Executive Committee will serve as the final reviewing body for all PI activities and will review and act on opportunities identified by the membership of the JIC which require command emphasis or directives. The Executive Committee will ensure improvement activities are reviewed on a regular basis. It will sanction performance improvement activities to ensure that those activities are in line with priorities and important functions.

7.1.1 Commander, USA MEDDAC: The Commander is responsible for implementing a Clinical Quality Management Plan that provides guidance for performance improvement and utilization management(UM). The commander develops the mission, vision, and guides the development of the strategic plan for the facility. The commander sets the direction for the facility and ensures that performance improvement is a continual and active process.

7.1.2 Deputy Commander for Clinical Services (DCCS): The DCCS is the Director of the Clinical Quality Management Plan and responsible to the Commander for the implementation and conduct of an effective program. The DCCS chairs the JIC that coordinates all the performance improvement functions and utilization management (UM) functions within the facility. He/she guides participation of personnel, metric development and analysis, performance assessment, ongoing monitoring and evaluation of health care and services, and the pursuit and achievement of improved performance of all key elements. Additionally, the DCCS will lead the medical and clinical support staff in their pursuit of continuous, incremental improvement of health-care services. He/she is the facility Risk Manager. He/she chairs the JIC, Credentials, Patient Safety/Risk Management, and Ethics Committees.

7.1.3 Deputy Commander for Administration (DCA): The DCA is responsible to the commander for the provision of administrative services supporting the QMP Program. The DCA will coordinate performance improvement activities related to management and administrative services, medical record services, plant

technology, and facility safety management. The DCA guides participation of personnel, metric development and analysis, performance assessment, ongoing monitoring and evaluation of administrative support services, and the pursuit and achievement of improved performance of all key administrative support services affecting patient care.

7.1.4 Deputy Commander for Nursing (DCN): The DCN is responsible to the commander for the provision of nursing care to support the performance improvement philosophy and the concept of continuous quality improvement. Nursing participation is integrated through the facility and the DCN serves on the Executive, PS/RM, Credentials Committees and on the JIC.

7.2 JCAHO Integration Committee (JIC).

7.2.1 Structure. The JIC is responsible for the collaboration, development, and implementation of the Strategic Plan. The JIC will review PI, patient care assessment, UM, Patient Safety, and RM activities carried out within the MEDDAC through the review of reports, studies, and minutes of reporting committees and forward all minutes to the Executive Committee. They will share information between departments, make recommendations for resolution, and elevate issues to the Executive Committee for a decision as necessary. Patient care evaluation is accomplished through the systematic collection and review of patient-specific data in an effort to identify opportunities to improve. The JIC is comprised of the Deputy Commanders, Sergeant Major, and Chief of each Department/Service/Division. The DCCS will serve as the Chairperson of the JIC.

7.2.2 Responsibilities. This forum provides for performance reporting, decision-making, policy, implementation guidance, enforcement, information exchange, discussion, and consensus building. The JIC will provide minutes of each meeting to all members (who in turn will disseminate that information as appropriate to subordinates). The JIC will meet on a regular recurring basis such that the workflow is completed in a timely manner.

7.2.3 The JIC provides organizational oversight for the CQMP and includes the following functions:

7.2.3.1 Assess and refine the CQMP.

7.2.3.2 Directing/overseeing CQMP training activities (Newcomers Orientation, MEPS training, and any other institutional training required for the success of the mission).

7.2.3.3 Approve all metrics utilized by the Departments/Service/Divisions, FAATs, and other PI forums or report cards to measure key performance and important functions.

7.2.3.4 Review of specific metrics, reports and other sources of data and information and organizational business plans.

7.2.3.5 Review, recommend, and implement resource allocation decisions and alignment of services to match mission to resources.

7.2.3.6 Develop tactical planning information and material.

7.2.3.7 Coordinate, approve, and prioritize all recommendations.

7.2.3.8 Develop policy, procedure, and documentation format for quality management initiatives within RWBAHC.

7.2.3.9 Charter, consolidate, and evaluate all RWBAHC institutional-level committees (except those specifically answering to the commander per Army regulation).

7.2.3.10 Charter and monitor the institutional task force (FAATs) in support of ongoing JCAHO compliance.

7.2.3.11 Charter institutional Process Action Teams (PATs) and monitor progress and evaluate products and recommendations.

7.2.3.12 Develop ad-hoc reports.

7.2.3.13 Align strategic planning information and day-to-day business decisions affecting RWBAHC.

7.2.3.14 Implement policy and procedures for quality management and business initiatives within RWBAHC and within the corporate vision and mission.

7.2.4 Membership. Members are expected to possess and exhibit characteristics consistent with TQM and leadership, which their peers (the JIC membership) will evaluate them on annually. These characteristics include leadership, attitude, organizational perspective, communication, and commitment to RWBAHC's mission/vision and responsible decision-making.

7.2.4.1 Membership will include one voting member from each Department/Service/Division, the DCCS, DCA, DCN, and Sergeant Major.

7.2.4.2 Chiefs of Department/Service/Division are responsible to: Identify/implement the QMP within their organizational unit to include identification of key processes and customers, their data profiles, identification and analysis of performance measures; personnel management, to include ongoing performance assessment, competency evaluation, and integration of the PI program with personnel training and performance.

7.2.4.3 Function within our multi-axis organizational structure to facilitate activities of quality management, performance assessment and improvement, and to incorporate PI and UM activities.

7.2.4.4 Support institutional-level QMP activities.

7.2.4.5 Contribute to the development, integration, and continued refinement of clinical practice guidelines, clinical pathways, and related review criteria.

7.2.4.6 Support inter-Service Line (and other units) communication, analysis of customer relationships, and streamline processes of health care and related services among a functional area that crosses outside a defined service line/department/division/supporting activity.

7.2.4.7 Support a constructive corporate climate that enhances individual participation and performance (individual empowerment) and encourages team activity (non-traditional partnerships).

7.2.4.8 Generate reports, recommendations, and information for the Executive Committee according to the reporting matrix (See Appendix C).

7.3 Organizational Structure.

7.3.1 Divisions/Departments/Services. Primary Care; Specialty Services; Military Medicine; Behavioral Health; Preventive Medicine, Wellness, and Readiness Service (PMWARS); Ancillary (Pharmacy, Laboratory, Radiology); Logistics; Patient Administration (PAD); Resource Management; Personnel; Information Management; Clinical Support Division, Quality Management, and Mobilization, Education, Training, and Security.

7.3.1.1 Organizational Structure:

Divisions/departments/services within the MEDDAC will maintain traditional responsibility for personnel management. This includes privileging recommendations, competency assessment, and unit-level orientation and training of personnel. Ongoing performance assessment will be a collaborative process with ultimate responsibility identified by the rating chain. Risk management, patient safety and/or quality issues that involve individual performance will be addressed and managed by the department/division/service chief, within the guidance of the QMP and appropriate regulations.

7.3.1.2 The objective of the primary clinical services (Primary Care, DMM, Specialty Services, Behavioral Health, and PMWARS) is to integrate and improve or maintain their key functions/services including desired clinical and administrative outcomes, and optimal resource economies are achieved.

7.3.1.3 Designated primary clinical services do not represent a linear alignment, but rather a matrixed organization. These departments are chartered by the Executive Committee to ensure an interdisciplinary approach to delivery of care that is linked by function and provides a forum for performance measurement, process improvement, communication and education among all personnel represented by a specific service line.

7.3.1.4 On a minimum of a monthly basis, these primary service areas will produce a summary report (minutes) containing performance measures, analysis, evaluations, information, and recommendations for the JIC, which shall be forwarded to the Executive Committee.

7.3.1.5 Departments and Divisions will utilize the RWBAHC FAATs as consultant/resources, as need may arise.

7.3.2 Responsibilities of Department Chiefs and Clinic Leadership. These individuals are responsible for implementation and documentation of QMP, which comply with all appropriate Army Regulations and JCAHO Standards. They formulate policies and procedures designed to attain optimal, achievable standards of clinical and administrative practice. Their major responsibilities include:

7.3.2.1 Monitor the health care provided within their area of responsibility determining what issues can be addressed to improve the health outcome, customer satisfaction, and safe practice.

7.3.2.2 Review the performance of providers in order to evaluate recommendations for renewing and granting clinical privileges.

7.3.2.3 Evaluation and documentation of the credentials and/or competency of those providers who are individually privileged.

7.3.2.4 Conduct unit level staff meetings that review for all staff progress on PI, and submit reports as outlined in Appendix C of this memorandum.

7.3.2.5 Ensure staff reviews PI orientation and continuing education for all staff assigned to their areas.

7.3.2.6 Report their improvement processes to the Executive Committee in order to share common issues and provide input into issues that affect their functional areas.

7.3.2.7 Encourage the active participation of individually privileged health care providers in the QMP, attendance at and participation in PI committees.

7.3.3 Responsibilities of Administrative Division/Section Leadership. These individuals are responsible for implementation of effective PI Plans and for the formulation of policies and procedures designed to attain optimal, achievable standards of administrative practice supporting patient care. Their major responsibilities include:

7.3.3.1 Identification and monitoring of functions critical to the successful operation of their division/section.

7.3.3.2 Participation in JIC activities IAW MEDDAC Memorandum 15-1.

7.3.3.3 Ensure provision for staff review of PI orientation and continuing education for all division/section personnel.

7.3.3.4 Encourage active participation of administrative personnel in PI activities and multidisciplinary teams.

7.3.4 Functional Area Assessment Teams (FAATs). The following FAATs represent the infrastructure activities required in performing our healthcare and readiness mission: The FAATs support the departments and divisions through coordination of their function. Reports and/or minutes from these FAATs will be forwarded through the JIC to the Executive Committee. The FAATs are: Environment of Care; Management of Information; Human Resources; Patient Rights and Ethics; Improving Organizational Performance; Infection Control; Provisions of Care; Medication Management; and Leadership.

7.3.5 The FAATs have two primary responsibilities:

7.3.5.1 The FAATs serve as the subject matter experts in their functional area. The committee will maintain up-to-date compliance information from MEDCOM, DoD, TRICARE, and JCAHO. They will train and provide current information to the facility and staff.

7.3.5.2 The FAATs will also review the JCAHO standards and ensure compliance with each standard in the JCAHO manual. The committee will comply with the organizations continual compliance program.

7.3.6 MEDDAC Committees and Functional Review Groups. Committees are responsible for implementation and documentation of PI activities within their committees. They must ensure that the committees' actions are in compliance with all appropriate Army Regulations and JCAHO Standards. They formulate policies and procedures designed to attain optimal, achievable standards of clinical and administrative practice as it relates to their functional area. The MEDDAC committees are listed in MEDDAC Memo 15-1.

7.3.6.1 Operative and Other Invasive Procedures Review. Forward results of procedure review through the Medical Staff to the JIC.

7.3.6.2 The Pharmacy and Therapeutics (P&T) Function. The P&T function is performed by the P&T Committee which is composed of representatives from nursing, administration, all clinical departments, and pharmacy. The P&T Committee oversees distribution and use of all pharmaceuticals within RWBAHC. The committee recommends the adoption or assists in the formulation of broad professional policies regarding evaluation, selection, procurement, distribution, use of safe practices, and other matters related to therapeutics. Medication Use Evaluation (MUE): The RWBAHC MUE Program is a sub-group of the P&T Committee and receives overall management and monitoring from the P&T Committee. The program is planned, ongoing, and criteria-based with participation by all services and departments. Pharmacy service will assist in the development of criteria and will provide administrative data for the drug utilization review. As a subcommittee of P&T Committee, MUE performs drug utilization reviews based on drugs suspected of causing adverse drug reactions, drugs used on patients who may be at high risk for reactions, drugs designated by the Infection Control Program, and/or high volume or high cost drugs. Unjustified results of drug utilization reviews may be posted in a provider's activity profile after peer review. Results of drug utilization reviews will be considered at the time of reappointment. Minutes should be forwarded through the Medical Staff to the JIC.

7.3.6.3 Medical Record PI Committee (MRPI). PAD will submit a bimonthly report to the JIC showing the number of Outpatient Treatment Records (OTRs) reviewed by the Medical Records Review Team. The report will summarize the deficiencies found with the OTRs by using established checklists for clinical and administrative documentation. A written internal PI Plan in PAD will include elements required by DA, MEDCOM guidance and directives, and JCAHO standard Medical Records Review Function. The following review functions are performed: Review of documentation for clinical pertinence, appropriateness and quality of care by the medical staff through the departmental PI committees. Review by clinical and administrative staff of selected records as directed by the MEDDAC JIC. MRPI will review documentation relating to the dispensing of narcotics.

7.3.6.4 Patient Safety/Risk Management (PS/RM) Committee provides for patient safety, accident and injury prevention, and the reduction of the cost of claims and other financial losses. The PS/RM Committee will summarize monitoring activities into a reporting format for the JIC that removes names and faces from the data and only presents trends to consider improvement in systems or functions.

7.3.6.5 The Patient Advocate provides liaison with MEDDAC beneficiaries regarding their problems, concerns, and complaints involving MEDDAC services and personnel. The Patient Advocate tracks concerns and complaints and works with the MEDDAC staff toward their resolution. Patient concern/complaint summaries are reported to the JIC.

7.3.6.6 The Safety and Environment of Care Committees report issues that pose a risk to the facility to the Patient Safety/Risk Management Committee. Minutes are forwarded to the JIC.

7.3.7 Chief, Quality Management, serves as subject matter expert and internal consultant for PI activities with major duties including:

7.3.7.1 Develop a comprehensive PI Program to incorporate PI concepts in the MEDDAC workplace.

7.3.7.2 Monitor and review all PI activities to ensure they are ongoing, effective, appropriately documented, and handled in compliance with Army Regulations and JCAHO Standards.

7.3.7.3 Supervise the Patient Advocate, Credentialing and Risk Management Coordinators.

7.3.7.4 Prepare agendas, coordinate reporting, and review the functions of the JIC meetings.

7.3.7.5 Assist the DCCS in overall PI Program management.

7.3.7.6 Coordinate appropriate PI education for the MEDDAC staff.

7.3.7.7 Coordinate and update the Executive Committee on the status of multidisciplinary PATs and FAATs.

7.3.7.8 Communicate with Great Plains Regional Medical Command (GPRMC) and MEDCOM to ensure this MEDDAC stays in compliance with new requirements and up-to-date on current issues.

7.3.8 Process Action Teams (PATs). Institutional PATs are chartered by and formed at the discretion of the JIC. Membership will be recommended. The work of a PAT will be data supported, will focus on pertinent functional processes and process elements, define options/develop recommendations to achieve improvement, and report periodically to the JIC. The timeline for reporting and implementation will be negotiated between the PAT and the JIC. The PAT leader will be responsible for documentation of the process/work of the PAT. Documentation will be provided to the Quality Management Division for filing.

7.3.9 All staff members at RWBAHC will:

7.3.9.1 Contribute to improvement of services and achievement of desired outcomes through suggestions, completion of surveys, and educational forums.

7.3.9.3 Be familiar with the QMP and use the QMP to enhance their performance and that of the organization.

7.3.9.4 Participate in an institutional role or function if formally tasked to support the QMP.

7.3.9.5 Participate in the Infection Control program.

7.3.9.6 Participate in the security program and report any violation of security.

7.3.9.7 Follow the Space Utilization Committee's recommendation for use of space throughout the facility.

7.4 REVIEW OF THE CQMP. The CQMP will be reviewed annually and updated as needed. The Chief, Quality Management Division will update the plan based on recommendations from the JIC members. The plan will comply with the most current QM/PI Directives/guidance from JCAHO, DOD, DA, and MEDCOM. The updated CQMP will be presented to the MEDDAC Executive Committee and disseminated to the staff when approved by the Executive Committee.

7.5 Performance Assessment and PI Education Program. The PI Education Program will include:

7.5.1 Orientation of all staff to the flow of PI efforts throughout the organization and familiarization with the FOCUS PDCA model. Annual "Medical, Education and Personnel System" (MEPS) will review and enhance this training.

7.5.2 Orientation and annual review of RM and PS concepts to include definitions, staff responsibilities, analysis process, and source of further information. Sentinel Event and Root Cause Analysis introductory material is covered.

7.5.3 Focused staff will have additional training. Staff serving as the PI coordinator at any unit will be trained in use of charts and PI analysis tools, such as flow diagrams, fish bone, force field analysis, etc. These contacts will have training in Sentinel Event management.

7.5.4 Each department will be responsible for presenting activities and findings at department PI committee meetings. Departmental chiefs will be asked to share the results of their monitoring and evaluation and/or process reviews at the MEDDAC JIC.

The proponent for this publication is Chief, Quality Management Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to USA MEDDAC, ATTN: MCXJ-QM, Fort Huachuca, AZ 85613-7079.

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APPENDIX A
ESSENTIAL ASPECTS OF PERFORMANCE IMPROVEMENT

PLAN - Activities are planned that are systematic, coordinated, and organization wide. Interdisciplinary collaboration of PI activities enables the MEDDAC to plan for, and provide, organization-wide improvement.

DESIGN - Process must be consistent with our mission, vision, and values and meet the needs of our internal and external customers. Our processes must be clinically sound and up-to-date and assist us in establishing a baseline for performance expectations in order to guide measurement and assessment activities.

MEASURE - Measurements afford us the opportunity to make sound judgments regarding the stability of our existing processes; identify opportunities for improvement or the need to redesign a certain process; and determine if improvements (or redesigns) of processes meet our objectives. Data collection focuses simultaneously on process and outcome; periodic ongoing and intensive data collection; indicators, high volume, high risk, problem-prone processes, and other sensors of performance (i.e., patient feedback, infection control, safety reviews and inspections, etc.).

ASSESS - Assessment of performance improvement activities assists us in evaluating our current level of performance and stability of work processes; identifying areas for improvement; and determining the effectiveness of a strategy used to stabilize or improve a process.

IMPROVE - The overall purpose of PI is to improve/enhance existing processes and outcomes. Making improvements to, or redesigning our existing processes--or designing essentially new processes can accomplish this. Priorities must be set which include the mission of the MEDDAC as a whole, the effects on patient health outcomes and satisfaction, and the ultimate resources required to make the projected improvement.

APPENDIX B
SYSTEMATIC APPROACH FOR PERFORMANCE MEASUREMENT AND IMPROVEMENT

FOCUS-PDCA is used as this organization's systematic approach to performance measurement and improvement. When designing a new process, redesigning an existing process, or deciding to act on an opportunity for incremental improvement in an existing process, a systematic approach will be used. This approach will consist of the following:

Find a Process - Choose a process that needs to be improved. Steps taken include defining the process and its customers, deciding who will benefit from the improvement, and understanding how the process fits within the hospital system and the hospital's priorities.

Sources: Patient Satisfaction, complaints, staff complaints, and system failures.

Tools/Techniques: Use Brainstorming and Multi-voting.

Organize a Team - Involves putting together a team of people knowledgeable in the process. Decide the team size, choose members who represent various levels in the organization and who are involved in the process. Prepare to document the team's progress.

Tools/Techniques: Use Brainstorming and Multi-voting.

Clarify Current Knowledge - Means to assemble and review the current knowledge of the process. Team members must understand the process well enough to be able to analyze it and must make any distinction between the way the process actually works and the way it is supposed to work.

Tools/Techniques: Use Brainstorming and Flowchart.

Understand Cause of Variation - Uncovering root causes requires measuring the process and learning the causes of variation. This means formulating a plan for data collection, collecting the data, and using the information to ascertain specific, measurable, and controllable variations.

Tools/Techniques: Use Brainstorming and Cause and Effect Diagram. Collect meaningful data using techniques like check sheets and reliable databases.

Select the Process Improvement: The team must select the potential process improvement, that is, the action that will improve the process. The selection should be supported by documented evidence. They may need to narrow their focus depending on the process focused on. Tools/Techniques: Selection Grid, Executive Decision Making, and Prioritization by Executive Body.

The Plan step involves studying a process by collecting the necessary data and evaluating the results. The evaluation should result in a plan for improvement.

Two Steps:

- Determine goals and targets.
- Determine methods of reaching goals.

In the Do Step, the plan is carried out on a small scale or by simulation.

Two Steps:

- Education.
- Training.

Staff members next observe or check the results of change. Was the action wholly successful, partially successful, or unsuccessful? What modifications are necessary?

- Did the results achieve the goals/targets established in full or in partial?
- Re-measure to show improvement.

Based on the results, the next step is to Act - to implement the change or abandon the plan or go through the cycle again.

The cycle should be continuously repeated to increase knowledge and improvement.

If no improvement, Modify, Start PDCA Cycle over.

If improvement, Define Maintenance Effort and Measurement.

APPENDIX C

JCAHO Integration Committee Structure

Deputies: DCCS, DCN, DCA

SGM

Clinical Department Chiefs

PMWARS, Specialty, Ancillary, Primary Care, Military Medicine, Behavioral Health

Clinical Division Chiefs

CSD, QM

Invited as needed: Admin Division Chiefs

Log, PAD, IMD, METS, Med Co, HR, RMD

Safety/EC

Patient Advocate

UM/PS/RM

FAAT Representatives

Other Committee Chairs